

PRINTED: 12/14/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2007
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
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1 000	INITIAL COMMENTS A licensure survey was conducted at this Community Residential Facility (CRF) from November 1, 2007 through November 2, 2007. Six individuals reside in this facility. These residents have diagnoses of mental retardation, mental illness and medical diagnoses. Three of the six clients were randomly selected for the sample. The findings of the licensure survey were based on observation, staff and residents' interviews, and review of records to include incident reports.	1 000		
1 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that two of two residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Client #1 and #2) The findings include: 1. Review of Resident #1's medical record on November 2, 2007 revealed a nutritional assessment dated January 1, 2007. The assessment indicated that Resident #1 was at high risk nutritional status due to a history of hypertension, obesity, high cholesterol and diabetes. Review of the physician's orders revealed that the client is prescribed an 1800 calorie low sodium, low fat, low cholesterol diabetic diet. Review of the direct care staff	1 043	1043 Total Care was contacted on this matter and they will assign a nutritionist to do a review. Total Care could not give me a date except that it would be a week or 2.	2007 DEC 18 P 3:02 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 1-3008

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6888

073011

If continuation sheet 1 of 23

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1043	<p>Continued From page 1</p> <p>notes revealed several occasions where the resident entered the GHMRP with foods he "is not supposed to have."</p> <p>Further review of the medical record lacked evidence that a dietician had reviewed the nutritional status of Resident #1 on a quarterly basis.</p> <p>It should be noted that the clients ISP was dated March 29, 2007. There was no evidence of an annual nutritional assessment in the record.</p> <p>Interview with the Qualified Mental retardation Professional (QMRP) and Owner on November 2, 2007 acknowledged the lack of nutritional oversight for the resident.</p> <p>2. Review of Resident #2's medical record on November 2, 2007 revealed a nutritional assessment dated October 14, 2006. The assessment indicated that the resident had a diagnosis of obesity and anemia. Review of the residents current physician's orders dated September 2007 revealed that the resident is prescribed an 1800 calorie, low sodium, low fat diet.</p> <p>Review of the medical record revealed nutritional quarterly reviews on January 2007, May 17, 2007. However there was no evidence that a dietician had reviewed the nutritional status of Resident #2 in August 2007.</p> <p>It should be noted that the resident's annual nutritional assessment is outdated.</p> <p>Interview with the QMRP and Owner on November 2, 2007 acknowledged the lack of nutritional oversight for the resident.</p>	1043	<p>→ 1043 Mr Bryant from Total Care was contacted on 1043 12-6-07 and a Request was made for 1043 all Residents to receive nutritional evals on what what ever their 1043 needs are. The QMRP should have call Total Care Services and 1043 Nat Case mang on this issue. Mr Bryant call Mr Hutchison on 12-7-07 and stated that he was 1043 processing the request and that he would call back with a date & time that a nutrition would be out. His phone # is 2/526-1133</p>	11-5-08

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I 056	<p>3502.14 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>This Statute is not met as evidenced by: Based on review of the training records and interview with the Qualified Mental Retardation Professional (QMRP) the GHMRP failed to ensure that staff had been provided training in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>The finding includes:</p> <p>During the environmental inspection on November 2, 2007 at approximately 12:30 PM, revealed that there were scoop inside the containers of flour, sugar and rice.</p>	I 056	<p>1056 Mr Melvin Graves is in charge of Food Handling class. All Staff has been informed they must have food handlers class ASAP. We expect 1056 to have every done by Jan-15-08</p> <p>all scoops have been removed and staff told not to put them back</p>	1-15-08	
I 082	<p>3503.10 BEDROOMS AND BATHROOMS</p> <p>Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.</p> <p>This Statute is not met as evidenced by: Based on observation, the GHMRP failed to properly equip each bathroom with the appropriate items to meet each resident's needs.</p> <p>The finding includes:</p>	I 082	<p>Hand Soap 1082 Cups were placed in the bathroom</p>	11-6-07	

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1082	Continued From page 3 On November 2, 2007, at approximately 2:00 PM, no soap for hand washing was available in the upstairs bathroom for residents and staff usage use.	1082	1082- Staff was told to Keep hand soap in bathroom at all times. It was in 11-6-07 The cleaning supply locker		
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on an environmental inspection conducted on September 14, 2007 at 2:25 PM, the facility failed to ensure that the interior of the GHMRP had been maintained in a clean, attractive, and sanitary condition. The finding includes: During the environmental inspection conducted on November 2, 2007, the overhead light globe in Resident #2's bedroom had bug debris.	1090	— 1090 → 1090 1090 → The globes were cleaned	11-6-07	
1095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Observation and interview revealed that the GHMRP failed to ensure that caustic agents were not stored in the food preparation and serviced area	1095	— 1095 1095 The cleaning Supplies were moved to The cleaning supply locked	11-2-07	

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I 095	Continued From page 4 The finding includes: During the environmental inspection on November 2, 2007 at approximately 12:00 PM, caustic agents were observed stored in a food preparation area in a cabinet underneath the kitchen sink and on top of the kitchen counter.	I 095	<i>Cleaning Supplies locked up</i>	11-2-07	
I 096	3504.7 HOUSEKEEPING No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area. This Statute is not met as evidenced by: Observation and interview revealed that the GHMRP failed to ensure that caustic agents were not stored in the food preparation and serviced area The finding includes: During the environmental inspection on November 2, 2007 at approximately 12:00 PM, caustic agents were observed stored in a food preparation area in a cabinet underneath the kitchen sink and on top of the kitchen counter.	I 096	<i>1095 - Cleaning Supplies were moved to the cleaning Supply locker</i>	11-2-07	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each	I 203	<i>1096 - Cleaning Supplies were moved from the cabinet and placed in the cleaning locker. 1203 - All staff was given a copy of their job descriptions and it was discussed with them.</i>	11-2-07 11-3-07	

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I 203	Continued From page 5 employee at the beginning of their employment and annually thereafter. The finding includes: Review of the personnel files on November 2, 2007 failed to provide evidence that Staff #1, #3, #4, #5, and #6 job descriptions had been reviewed.	I 203	1203 <i>all staff was given a copy of their job description it was sign & discussed with them.</i>	11-3-07
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that employees and consultants had physician's certified health inventory: The finding includes: Review of the personnel files on November 2, 2007, the GHMRP failed to provide a physicians certification for two direct care staff (Staff #5 and #6), two Licensed Practical Nurses (LPN #2 and LPN #3), Primary Care Physician, Physical Therapist, Nutritionist, Speech Pathologist and the Program Manager (QMRP). It should be noted that consultant files were not available for review.	I 206	1206 ↓ <i>all personnel were told 12-1-07 to get a physical ASAP they have 15 day as of 12-15-07 to get the physical as they will be taken off the Sch. The QMRP was fired. The 7 Basic assurance standards are also in place.</i>	12-1-07 12-15-07

This is a Q. A program
under DDA.

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I 224	Continued From page 6	I 224			
I 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following: (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure effective training was provide to each staff. The finding includes: Review of the training records on November 2, 2007, revealed that the GHMRP failed to provide training in overview of mental retardation.	I 224			
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure effective training was provide to each staff. The finding includes: Review of the training records on November 2,	I 225	<p>1224 All Staff have been placed in training for Dec 07 at DDS</p> <p>1225</p> <p>QA Mr Mark Clark of DDS contacted Ms Hutchison and we are working on what other training we can provide to Staff We hope to have some thing in place by the end of Jan</p>	<p>12-1-07</p> <p>12-5-07</p>	

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I 225	Continued From page 7 2007 revealed that the GHMRP failed to provide training in Human Development.	I 225	1225 Please see note from page 7 (1225)		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The finding includes: Review of the training records on November 2, 2007, the GHMRP failed to provide training on behavior management and human sexuality.	I 229	↓ 1229 We will be working with 12-05-07 Mr. Mark Clark to see where we can get these trainings		
I 276	3513.1(g) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (g) A log in which emergencies and other unusual occurrences involving residents This Statute is not met as evidenced by: Based on record review the GHMRP failed to maintain a log in which emergencies and other	I 276	1276 - There is a unusual occurrences book and there has been one for the last 5 years that we have been with DDS. I don't understand why it was overlooked but it is there and is part of the Incident Mang tracking System under DDS		

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1276	Continued From page 8 unusual occurrences involving residents. The finding includes: Upon entry into the facility on November 16, 2005 and during the survey process, there was no log in which emergencies and other unusual occurrences involving residents were made available to the surveyor.	1276	1276 See 1276 on page 8	
1291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that residents medical records were current and that persons making entries into the medical record signed the entry. The findings include: 1. Resident #1's medical record was reviewed on November 2, 2007. A self-medication administration assessment dated March 23, 2007 was noted in the chart; however it was not signed by the person who completed the assessment. 2. Resident #1's medical record was reviewed on November 2, 2007. The record reflected that the Podiatrist evaluated the resident on August 20, 2007. The consultation revealed that the the resident was prescribed Spectazole cream to treat tenia pedis. The record did not contain the Medication Administration Records (MAR) to provide evidence that the prescribed medication was administered. Interview with the nurse on the same day revealed that she was not able to find the MAR.	1291	1291 The QMAP was filed + and all staff was informed to sign all notes written by them 1291 " " 11-28-07 The Podiatrist appointment will be resch by Jan 15 So that the prescribed medication can be admin- istered. If it is still needed. 1-15-07	11-28-07 11-28-07 1-15-07

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I 291	Continued From page 9 It should be noted that the Resident's record did not contain current physician orders. The orders in the medical record ended June 14, 2007. The LPN was not able to address this issue.	I 291	1291- See page 9		
I 372	3519.3 EMERGENCIES Each GHMRP shall post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator. The finding includes: On November 1, 2007, the GHMRP did not have posted, near the telephone, emergency numbers, to include fire and rescue squads, the local police department, the resident's primary care physician nor the on-duty administrator.	I 372	Number for emergency contact were placed by each phone. 1372 done	12-1-07 12-1-07 12-1-07	
I 392	3520.2(b) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be	I 392	App made for 12-11-07 10:32 AM	12-1-07	

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I 392	Continued From page 10 limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (b) Dentistry; This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the necessary dental evaluations and treatment services for one of three residents in the sample. (Resident #2) The finding includes: Record review on November 2, 2007 at approximately 11:30 AM revealed Resident #2's initial and most current dental assessment was October 31, 2006. According to the nurse, the GHMRP had difficulties obtaining dental services due to Medicaid Dental Provider accepting medicaid insurance. There was no evidence on file to substantiate efforts made to identify dental services for Resident #2.	I 392			
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:	I 395			

1392
→ a dental App was
made for 12-11-07 12-1-07
1030 PM

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I 395	Continued From page 11 (e) Nursing; This Statute is not met as evidenced by: Based on record review the facility failed to ensure nursing services for three of the three residents in the sample. (Residents #1, #2, and #3) The findings include: 1. The GHMRP failed to have Registered Nurses to assess the health status of the residents as required by state law from August 2007 through November 2, 2007 (last day of the survey) as evidenced by the following: a. Review of the Resident #3 charts on November 2, 2007 at 12:00 PM revealed the annual nursing assessment for Client #3 dated September 26, 2007, was signed as being completed by the Licensed Practical Nurses (LPN). Interview with the LPN on the same date revealed that the Provider had been without a RN for three months. According to the District of Columbia Municipal Nursing Regulations 5412.1. "the observation, assessment, and recording of physiological and behavioral signs and symptoms of health, disease and injury, including the performance of examinations and testing and their evaluation for the purpose of differentiating normal from abnormal... is the function/scope of practice for the Registered Nurse. b. Review of the Resident #2's medical record on November 2, 2007 at 12:00 PM revealed the annual nursing assessment dated April 20, 2007 was signed as being completed by the Licensed	I 395	1395 We are in the process of interviewing RN's However we have not be able to hire one who has the experience needed for group homes. We will be asking DDS for help. 1395 " " 1395 " " 1395 " " 1395 " "		

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1395	Continued From page 12 Practical Nurses (LPN). Interview with the LPN on the same date revealed that the Provider had been without a RN for three months. According to the District of Columbia Municipal Nursing Regulations 5412.1. "the observation, assessment, and recording of physiological and behavioral signs and symptoms of health, disease and injury, including the performance of examinations and testing and their evaluation for the purpose of differentiating normal from abnormal... is the function/scope of practice for the Registered Nurse. 2. The GHMRP lacked documented evidence of who (i.e. RN, LPN, or Trained Medication Employee) administered Resident #1's medication while on vacation as evidenced below: Review of Resident #1's medical record on November 2, 2007, at 9:30 AM revealed that from July 6, 2007 through July 9, 2007, the resident was away from the GHMRP for vacation. Interview with the LPN and the Owner of the GHMRP revealed that the medication was packaged by the pharmacy and that the Resident takes his medication independently. Further review of the Residents Individual Program Plan book failed to evidence any self medication administration (SMA) program objectives. Review of the SMA assessment located in the medical record revealed that the client was recommended for self-medication administration, however, there was no evidence of a program to ensure the skills needed to self administer medications safely was developed. In interviews with the Program Manager and the LPN they failed to have evidence of a training program in this area.	1395	<p>1395 Please read note on page 12</p> <p>" "</p> <p>" "</p> <p>A nurse will go on vacation with the resident starting 5-08</p> <p>Self-Medication class will be looked into in order that those Resident that can self medicate will be able to</p>		<p>5-08</p> <p>12-1-07</p>

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I 401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: The findings include:</p> <p>1. Review of Resident #3's medical record on November 2, 2007 revealed that he was evaluated by a Rheumatologist on May 11, 2007. The consultation reflected that the resident complained of knee pain. The consultant recommended chest and rib films be obtained. Review of the nursing notes lacked evidence that the resident complained of knee pain. In addition there was no evidence that the nursing staff clarified why the resident was recommended to have chest and rib x-rays when the chief complaint was knee pain.</p> <p>2. Review of Resident #3's medical record on November 2, 2007 revealed that he was evaluated by a Neurologist on July 20, 2007. The consultation reflected that the resident was to return in one month. The chart lacked evidence that a follow up visit was conducted on one month. Interview with the Nurse revealed that the Resident #3 has a follow-up appointment scheduled for November 26, 2007.</p> <p>3. Review of Resident #3's medical record on November 2, 2007 revealed that he was evaluated by an Audiologist on January 23, 2007. The consultation reflected that the resident had excessive cerumen and that a re-evaluation</p>	I 401	<p><i>1401</i></p> <p><i>a app will be made by Jan 30 to get a clear understanding of what the Rheumatologist wants.</i></p> <p><i>an app was made for 1-24-08 with Dr Asadi.</i></p> <p><i>an app was made for ENT WHC 5-5-08</i></p>	<p><i>1-30-08</i></p>	

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I 401	Continued From page 14 would be conducted after the resident was evaluated by ENT. The chart reflected that the c leith was evaluated by ENT on March 5, 2007 and ear drops was prescribed. The chart lacked evidence that a follow up visit to the Audiologist was conducted as recommended. 4. Review of Resident #3's medical record on November 2, 2007 revealed that he was evaluated by the Dentist on December 19, 2006. The consultation reflected that the resident had moderate calculus deposits and needed scaling. The dentist indicated that a treatment plan would be submitted to Medicaid Waiver for approval. The chart lacked evidence that a Resident #3 has received the recommended scaling, or had been re-evaluated by the dentist since December 2006.	I 401	An App was made for 5-5-08 - at - at the WHe	12-5-07
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the GHMRP failed to obtain from the nutritionist a written report at least quarterly for services provided during the preceding quarter for two of the two residents in the sample. (Residents #1 and #2) The finding includes: Review of Resident #2's medical record on November 2, 2007 revealed a nutritional assessment dated October 14, 2006. The assessment indicated that the resident had a	I 407	1407 Total care was contacted and report will be sent out I talked to Mr Bryant at 526-1133	12-6-08

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I 407	Continued From page 15 diagnosis of obesity and anemia. Review of the residents current physician's orders dated September 2007 revealed that the resident is prescribed an 1800 calorie, low sodium, low fat diet. Review of the medical record revealed nutritional quarterly reviews on January 2007, May 17, 2007. However there was no evidence that a dietician had reviewed the nutritional status of Resident #2 in August 2007. It should be noted that the resident's annual nutritional assessment is outdated. Interview with the QMRP and Owner on November 2, 2007 acknowledged the lack of nutritional oversight for the resident.	I 407	<i>a request had been made of Total care</i>		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the GHMRP failed to develop and provide a Behavior Support Plan for one of the three residents in the sample. (Resident #2) The finding includes: Review of the Resident #2's medical record on November 1, 2007 at approximately 2:00 PM, revealed that the resident receives the following psychotropic medications: Prozac 10 mg QHS and Gabapentin 200 mg QAM. Review of the psychotropic medication review sheet dated March 1, 2007 revealed a recommendation that	I 422	<i>1422 - A request was made to all case managers to have BSP done by Jan 30th if not early.</i>	<i>Jan 30-08</i>	

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I 422	Continued From page 16 the resident needs a Behavior Support Plan (BSP) developed. Interview with the House Manager indicated that he would contact the Developmental Disability Services (DDS) Case Manager to ascertain a BSP. However at the time of the survey, the GHMRP failed to provide a BSP as requested by the psychiatrist and required by law.	I 422	1442 Please Read note from page 16	Jan 30 08
I 423	3521.4 HABILITATION AND TRAINING Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the programs developed for the purposes of habilitation the residents were monitored and revised as necessary, and that the reviews were documented in the record. The finding includes: 1. Review of Resident #1's program book on November 2, 2007 revealed he had the following two objectives: #1 to vacuum the floor twice a week and #2 to wash clothes once per week. Review of the program data revealed that the resident completed the task with a combination of verbal prompts, physical assistance and independence. Further review of the record lacked evidence that the resident's progress in the programs had been monitored by the GHMRP. It should be noted that the client had	I 423	1423 a Sheet for monitoring has been developed and will be started after a Jan 14th Staff meeting to review with all Staff	12-14-07

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1423	<p>Continued From page 17</p> <p>been working on the same two objectives since 2005, without modifications to the program.</p> <p>Interview with the QMRP on the same day revealed that he does not monitor the programs. He indicated that because the resident lives in a CRF he did not have to monitor the programs.</p> <p>2. Review of Resident #3's program book on November 2, 2007 revealed he had the following two objectives: #1 to improve his word finding skill and repetitive expressive language and #2 to wash clothes once per week. Review of the program data revealed that resident #1 completed the task with a combination of verbal prompts, physical assistance and independence. Further review of the record lacked evidence that the resident's progress in the programs had been monitored by the GHMRP. It should be noted that the client had been working on the same two objectives since 2005, without modifications to the program.</p> <p>Interview with the QMRP on the same day revealed that he does not monitor the programs. He indicated that because the resident lives in a CRF he did not have to monitor the programs.</p> <p>3. Review of Resident #2's IPP on November 2, 2007 at approximately 11:00 AM, revealed the following objectives:</p> <p>a. "[The resident] will be able to follow the steps of vacuuming, independently." Review of the data sheet from May 2006 through September 2007 revealed that the resident was independent on all trials performed.</p> <p>Record verification of the data sheets indicated that the resident achieved the established criteria</p>	1423	<p>1423 Please read note from page 17</p> <p>1423</p> <p>The QMRP was fired and a monitoring tool has been put in place to start Jan 14 08.</p> <p>a monitoring tool has been put in place as of Jan 14 08.</p>		

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I 423	Continued From page 18 since May 2006. b. "[The resident] will be able to follow the steps of washing clothes, independently." Review of the data sheet from November 2006 through September 2007 revealed that the resident was independent on all trials performed. Record verification of the data sheets indicated that the resident achieved the established criteria since November 2006.	I 423	1423 A monitoring tool will be in place as of Jan 14th after a Staff meeting to explain the tool.	1-30-08	
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to make modifications to the residents's program at least every six months when the resident has successfully completed an objective identified in the Individual Program Plan for one of the three residents in the sample. (Resident #2) The findings include: The facility's QMRP failed to revise Resident #2's program objectives. Review of Resident #2's IPP on November 2, 2007 at approximately 11:00 AM, revealed the following objectives:	I 424	1424 A House Manager Ms Butler was hired 12-3-07. She will have responsibility to check behind all staff to make sure that once an objective has been completed a new one will be assigned. The QMRP was fired due to lack of the follow up on records app etc. The House manager and Ms. Hutcherson will be fixing these problems ASAP. We will also monitor the tool put in place for monitoring progress etc.	1-30-08	1-30-08

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I 424	Continued From page 19 a. "[The resident] will be able to follow the steps of vacuuming, independently." Review of the data sheet from May 2006 through September 2007 revealed that the resident was independent on all trials performed. Record verification of the data sheets indicated that the resident achieved the established criteria since May 2006. b. "[The resident] will be able to follow the steps of washing clothes, independently." Review of the data sheet from November 2006 through September 2007 revealed that the resident was independent on all trials performed. Record verification of the data sheets indicated that the resident achieved the established criteria since November 2006.	I 424	<i>1442 Please read notes from page 19.</i> <i>11</i> <i>11</i>	<i>1-30-08</i>	
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure its residents are taught to self-administer medication to the best of their ability. The finding includes:	I 436	<i>1436</i> <i>We will be having the nursing staff train the residents how to be taught in skills related to Nutrition Self-med first aid etc.</i>	<i>1-30-08</i>	

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I 436	<p>Continued From page 20</p> <p>1. Resident #1's self medication assessment dated March 23, 2007 was reviewed on November 2, 2007. The assessment indicated that the resident could benefit from a self medication program. There was no evidence that resident was being taught the concepts of self-administration of medications. Interview with the LPN on the same date revealed that the resident is capable of administering his own medication, however is noncompliant at times. Observations at the GHMRP revealed that the medication was locked in a cabinet and that the resident had to rely on the nurse to open the cabinet in order for him to retrieve the medication. Further review of the medical record revealed that on October 25, 2007 and October 29, 2007, the client did not come to the facility to receive his medication from the nurse.</p> <p>Review of the of the Individual Program Plan (IPP) lacked evidence that a program had been developed and implemented to train Resident #1 to self-administer his medication with the highest level of independence.</p> <p>2. The GHMRP failed to provided training to Resident #2 in her prescribed diet.</p> <p>On November 1, 2007 at 8:20 AM, Residnet #2 was observed to be obese. Review of the reisdnet's medicatl records on the same date revealed a modieifed diet of 1800 calorie, low fat, low sodium diet. Review of the training records on November 2, 2007 at approximately 10:00 AM, revealed no evidence of any training to include skills related to nutrition.</p> <p>3. The GHMRP failed to train Resident #3 in self medication.</p>	I 436	<p><i>1436 Please read note from page 20</i></p> <p><i>Total Care was contacted and they will be sending a Nutrition she will be giving training to the Residents on their diets.</i></p> <p><i>1-30-08</i></p> <p><i>1-30-08</i></p> <p><i>→ 1436</i></p>	

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I 436	Continued From page 21 Review of Resident #2's IPP dated May 17, 2007 revealed no evidence of a self medication objective.	I 436	1436 Please read notes from page 21 (1436)	
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking); This Statute is not met as evidenced by: Based on interview and record verification, the GHMRP failed to provide training to its residents in money management and banking for one of three residents in the sample. (Resident #2) The finding includes: On November 1, 2007 at approximately 11:00 AM, Resident #2 indicated that she receives a check from her day program. She gives the check to the staff, the staff then gives it to the House Manger. The resident indicated that she gets an allowance, weekly. The resident revealed that she goes to the store and buys personal hygiene items. Review of the Individual Program Plan (IPP) dated May 17, 2007 revealed no evidence of a money management training program.	I 443		
I 458	3521.11 HABILITATION AND TRAINING Each resident's activity schedule shall be available to direct care staff and be carried out daily.	I 458	The QMRP failed to Doc the money management training that was done at the group home by a person from the bank & at the bank. The New House manger will start a new money management program on Jan 1-30-08	

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1458	<p>Continued From page 22</p> <p>This Statute is not met as evidenced by: Based on observation and review of record the GHMRP failed to have an activity schedule available to direct care staff and be carried out daily for one of the three residents in the sample. (Resident #2).</p> <p>The finding includes:</p> <p>There was no evidence that Resident #2 had an activity schedule. On November 1, 2007 at 8:40 AM, the resident was observed to leave the facility with a transportation driver. Interview with the resident on November 1, 2007 at approximately 4:30 PM indicated that she was going to the club this evening. Review of the community outing log revealed no evidence that the client attended the outing to the club.</p>	1458	<p><i>All Residents have evidence in their program book not in a activity Book. We can produce the evidence</i></p>	1-30-08

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